



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
<b>Okata</b>	<b>Russell</b>	<b>K.</b>	<b>536-2351</b>
MAILING ADDRESS (Street)			FAX
<b>888 Mililani St. #601</b>			<b>523-6859</b>
(City)	(State)	(Zip Code)	
<b>Honolulu, HI</b>		<b>96813</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
<b>Hawaii Government Employees Association</b>			<b>536-2351</b>
MAILING ADDRESS (Street)			FAX
<b>888 Mililani St. #601</b>			<b>523-6859</b>
(City)	(State)	(Zip Code)	
<b>Honolulu, HI</b>		<b>96813</b>	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
<b>Hawaii Government Employees Association</b>			<b>536-2351</b>
MAILING ADDRESS (Street)			FAX
<b>888 Mililani St. #601</b>			<b>523-6859</b>
(City)	(State)	(Zip Code)	
<b>Honolulu, HI</b>		<b>96813</b>	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
<b>Tracy Chang</b>			<b>536-2351</b>
MAILING ADDRESS (Street)			FAX
<b>888 Mililani St. #601</b>			<b>523-6859</b>
(City)	(State)	(Zip Code)	
<b>Honolulu, HI</b>		<b>96813</b>	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Randolph P. Perreira

Executive Deputy Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Government Employees Association

536-2351

MAILING ADDRESS (Street)

FAX

888 Mililani St. #601

523-6859

(City)

(State)

(Zip Code)

Honolulu, HI

96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)